

## SEP 5 2002

### **Summary of Safety and Effectiveness**

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**Submitter:** 

Zimmer, Inc.

P.O. Box 708

Warsaw, IN 46581-0708

**Contact Person:** 

Fred McClure

Senior Associate, Regulatory Affairs

Telephone: (574) 372-4294 Fax: (574) 372-4605

Date:

June 6, 2002

Trade Name:

Zimmer Trabecular Metal Modular Acetabular

System

**Common Name:** 

Acetabular component for total Hip prosthesis

Classification Name and Reference:

Hip joint metal/polymer semi-constrained cemented

prosthesis; 21 CFR § 888.3350

Hip joint metal/polymer/metal semi-constrained

porous-coated uncemented prosthesis;

21 CFR § 888.3358

**Predicate Device:** 

*Trilogy*® Acetabular System, manufactured by Zimmer, Inc., (K934765), cleared April 29, 1994; and Implex Hedrocel Modular Elliptical Acetabular Cup, manufactured by Implex Corp., (K001039),

cleared June 15, 2000.

**Device Description:** 

The Zimmer Trabecular Metal Modular Acetabular System is a modular acetabular cup system intended to replace a hip joint and designed to achieve fixation to bone either with or without the use of bone cement. The system consists of a shell and liner. The shell substrate is made from Tivanium® Ti-6Al-4V Alloy. The outer porous material, which is metallurgically bonded to the shell substrate, is made of Trabecular Metal. The Trabecular Metal material has an elliptical outer diameter and a hemispherical inner diameter to allow hemisphere to hemisphere bonding between the Trabecular

Metal and the Tivanium substrate.



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Three porous acetabular shell designs are available: one with screw holes, one with cluster screw holes and one without screw holes. The shells range in diameter from 38 to 80 mm in 2mm increments. The screw holes permit the use of *Tivanium* Alloy screws to provide immediate fixation and security. Screws are available in 4.5 and 6.5mm diameters with varying lengths. The shell incorporates a threaded polar hole to attach the cup positioner.

Intended Use:

This device is indicated for primary or revision surgery for rehabilitating hips damaged as a result of noninflammatory degenerative joint disease (NIDJD) or its composite diagnoses of osteoarthritis, avascular necrosis, protrusio acetabuli, traumatic arthritis, slipped capital epiphysis, fused hip, fracture of the pelvis and diastrophic variant.

This device is intended for either cemented or noncemented use.

**Comparison to Predicate Device:** 

The *Zimmer* Trabecular Metal Modular Acetabular System incorporates the same materials, has the same intended use, and similar technological and geometrical features as the legally marketed predicate devices.

Performance Data (Nonclinical and/or Clinical):

Non-Clinical Performance and Conclusions:

The Trabecular Metal/*Tivanium* alloy interface was tested per applicable FDA Guidance Documents and ASTM Standards and the results demonstrated that the interface will maintain its integrity under physiological loads.

Clinical Performance and Conclusions:

Clinical data and conclusions were not needed for this device.





Food and Drug Administration 9200 Corporate Boulevard Rockville MD 20850

### SEP 5 2002

Mr. Fred McClure Senior Associate, Regulatory Affairs Zimmer, Inc. P.O. Box 708 Warsaw, IN 46581-0708

Re: K021891

Trade Name: Zimmer Trabecular Metal Modualr Acetabular System

Regulation Number: 21 CFR 888.3350 and 888.3358

Regulation Name: Hip joint metal/polymer semi-constrained cemented prosthesis

Hip joint metal/polymer/metal semi-constrained porous-coated

uncemented prosthesis

Regulatory Class: II

Product Code: JDI and LPH

Dated: June 6, 2002 Received: June 7, 2002

#### Dear Mr. McClure:

We have reviewed your Section 510(k) premarket notification of intent to market the device referenced above and we have determined the device is substantially equivalent (for the indications for use stated in the enclosure) to devices marketed in interstate commerce prior to May 28, 1976, the enactment date of the Medical Device Amendments, or to devices that have been reclassified in accordance with the provisions of the Federal Food, Drug, and Cosmetic Act (Act) that do not require approval of a premarket approval application (PMA). You may, therefore, market the device, subject to the general controls provisions of the Act. The general controls provisions of the Act include requirements for annual registration, listing of devices, good manufacturing practice, labeling, and prohibitions against misbranding and adulteration.

If your device is classified (see above) into either class II (Special Controls) or class III (PMA), it may be subject to such additional controls. Existing major regulations affecting your device can be found in the Code of Federal Regulations, Title 21, Parts 800 to 898. In addition, FDA may publish further announcements concerning your device in the Federal Register.

Please be advised that FDA's issuance of a substantial equivalence determination does not mean that FDA has made a determination that your device complies with other requirements of the Act or any Federal statutes and regulations administered by other Federal agencies. You must comply with all the Act's requirements, including, but not limited to: registration and listing (21 CFR Part 807); labeling (21 CFR Part 801); good manufacturing practice requirements as set forth in the quality systems (QS) regulation (21 CFR Part 820); and if applicable, the electronic product radiation control provisions (Sections 531-542 of the Act); 21 CFR 1000-1050.

This letter will allow you to begin marketing your device as described in your Section 510(k) premarket notification. The FDA finding of substantial equivalence of your device to a legally marketed predicate device results in a classification for your device and thus, permits your device to proceed to the market.

If you desire specific advice for your device on our labeling regulation (21 CFR Part 801 and additionally 21 CFR Part 809.10 for <u>in vitro</u> diagnostic devices), please contact the Office of Compliance at (301) 594-4659. Additionally, for questions on the promotion and advertising of your device, please contact the Office of Compliance at (301) 594-4639. Also, please note the regulation entitled, "Misbranding by reference to premarket notification" (21CFR Part 807.97). Other general information on your responsibilities under the Act may be obtained from the Division of Small Manufacturers, International and Consumer Assistance at its toll-free number (800) 638-2041 or (301) 443-6597 or at its Internet address http://www.fda.gov/cdrh/dsma/dsmamain.html.

Sincerely yours,

Celia M. Witten, Ph.D., M.D.

Director

Division of General, Restorative and Neurological Devices Office of Device Evaluation Center for Devices and Radiological Health

Enclosure

# **Indications for Use**

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510(k) Number (if known):	K021891	
Device Name:		
Zimmer® Trabecular Metal Moo	lular Acetabular S	System
Indications for Use:		
result of noninflammatory dege	nerative joint diseas, protrusio acetab	urgery for rehabilitating hips damaged as a case (NIDJD) or its composite diagnoses couli, traumatic arthritis, slipped capital astrophic variant.
This device is intended for either	er cemented or non	ncemented use.
(Please do not w	rite below this line – Cor	ontinue on another page if needed)
Divis and I	ision Sign-Off) sion of General, Neurological De	Restorative
Prescription Use X (Per 21 CFR 801.109)	OR	Over-The-Counter Use (Optional Format 1-2-96)

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